

VISION SCREENING RECORD

School Year: _____

[illegible]

VISION SCREENING RECORD

School Year: _____

Students Name		OBSERVATION	Distance visual acuity				MB @N		MB @D		Color Vision		Sterreopsis		Near visual acuity		Referral
LAST	FIRST		1st		2nd		1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	
			R	L	R	L											